



Supporting those bereaved by suicide in the Midlands: you are not alone: Midlands guide for survivors in managing the aftermath of suicide

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MIDLAND HEALTH BOARD
AN BORD SLÁINTE LÁR TÍRE

Supporting those Bereaved by Suicide in the Midlands

Ag tacú le Lucht Méala Báis
de bharr Féinmharaithe sa Réigiún Lár Tíre

YOU ARE NOT ALONE

NÍL TÚ I D'AONAR

Midlands guide for Survivors in Managing the Aftermath of Suicide

Treoir do mharthanóirí i ndiaidh báis de bharr
an fhéinmharaithe sa gceantar Lár Tíre

Compiled by Billy Bland

Suicide Resource Officer M.H.B.

Tiomsaithe ag Billy Bland
Oifigeach Acmhainní um Fhéinmharaithe B.S.L.T.

INTRODUCTION

This booklet was organised in partnership between the Midland Health Board and the Midland Suicide Bereavement Support Service.

The need for this “**YOU ARE NOT ALONE**” booklet has emerged from on-going requests from the public for particular information and assistance in dealing with the different issues in the aftermath of death by suicide.

With suicide now being one of the leading causes of premature death in Ireland there are many survivors with very special needs and this booklet aims to meet some of those needs.

The American Association of Suicidology defines a “suicide survivor” as a family member or friend of an individual who dies by suicide. Schneidman defined the postvention process as “appropriate and helpful acts that come after the dire event itself... those activities that serve to reduce the after-effects of a traumatic event in the lives of the survivors”.

Many people working in the area of suicide prevention would suggest that good postvention is prevention for the next generation.

A person bereaved by suicide has a degree of choice as to which, if any, formal support can be accessed. Some individuals want professional help; others want more informal support. Generic bereavement services may be appropriate to the needs of some; however others seek a service specific to suicide bereavement and may wish to attend a group with other survivors or to receive a support service from someone else who has experienced such a loss. Although a range of services and supports are available to people bereaved or affected by a suicide death many are unaware of these and possibly how to access them. Men are often more reluctant to avail of these services than women.

“YOU ARE NOT ALONE”

Is designed to give brief general guidelines for managing the immediate events following a death by suicide and for coping in the future.

This booklet addresses the most frequently asked questions by those bereaved by suicide.

It highlights the importance of talking to someone about what has happened and looking after yourself and your own mental health. Within the following pages various services, supports and resources are listed under the relevant headings.

RÉAMHRÁ

Tiomsaíodh an leabhrán “Níl tú i d’aonar” de bharr iarratais leanúnacha ón bpobal ar eolas agus cúnamh maidir le ceisteanna sonracha a eiríonn i ndiaidh báis de bharr féinmharaithe.

De bharr go bhfuil féinmharú anois ar cheann de na cúiseanna luathbháis is coitianta in Eirinn tá alán marthanóirí le riachtanais ar leith agus déanann an leabhrán seo iarracht freastal ar chuid de na riachtanais seo.

Tugann an Cumann Meiriceánach um Fhéinmharaithe sainmhíniú ar “mharthanóir de bharr an fhéinmharaithe” mar dhuine de chlann nó cara do dhuine a fuair bás de bharr an fhéinmharaithe. Shainmhínigh Schneidman an phróiséis thacaíochta a leanann bás de bharr féinmharaithe mar “ghníomhartha feiliúnacha cabhracha a leanann an bás é féin...na gníomhaíochtaí sin a laghdaíonn droch-éifeacht na heachtra choscrach féin ar shaol na marthanóirí”. Creideann alán de na daoine a oibríonn i réimse um chosctha ar fhéinmharú go gcuidíonn próiséis mar seo le féinmharú a sheachaint sa gcéad ghlúin eile. Bíonn rogha áirithe ag lucht méala de bharr an fhéinmharaithe, maidir leis an sórt seirbhíse tacaíochta atá ar fáil. Teastaíonn cúnamh phroifisiúnta ó chuid de na daoine agus is fearr le daoine eile tacaíocht ar bhonn níos foirmeálta. Feileann seirbhís chineálach do lucht méala cuid de na daoine ; bíonn cuid eile ag lorg seirbhís shonrach do lucht méala de bharr an fhéinmharaithe agus bhféidir freastal ar ghrúpa le marthanóirí eile nó cúnamh a fháil ó dhuine eile ar ghoill bás de bharr an fhéinmharaithe air/uirthi. Tá réimse leathan do thacaíochtaí agus seirbhísí ar fáil ach go minic ní bhíonn eolas ag daoine fúthu nó ní heol dóibh conas úsáid a bhaint astu. Bíonn níos mó drogaill ar fhir de ghnáth, ná ar mhná na seirbhísí a úsáid.

Pléann an leabhrán “Níl tú i d’aonar” na ceisteanna atá luaite thuas agus tugann sé treoirínte gearra ginearálta maidir le próiséis fheiliúnach a chur i bhfeidhm go díreach taréis bás de bharr an fhéinmharaithe agus mar is féidir

An todhchaí a láimhseáil. Pléann an leabhrán na ceisteanna is coitianta a fhiafraíonn lucht méala de bharr an fhéinmharaithe. Cuirtear béim ar chomh tábhachtach is atá sé labhairt le duine éigin faoin eachtra a tharla agus aire a thabhairt duit féin agus do mheabhair-shláinte. Liostáiltear na seirbhísí, tacaíochtaí agus acmhainní éagsúla atá ar fáil faoi chinntínte sonracha sna leathanaigh seo a leanas.

Tá an leabhrán seo bunaithe ar a mhacasamhail do leabhrán a chuir foireann thionscnaimh ó Bhord Sláinte Lár Tíre ar fáil. Ba mhaith leis an údar buíochas a ghabháil le baill éagsúla den ghrúpa stiúrtha um fhéinmharaithe ó Bhord Sláinte Lár Tíre, Risteard Breathnach - Cathaoirleach agus Bainisteoir Ginearálta

Seirbhísí Meabhair-Ghalair agus Fionnuala Ní Cholgáin Oifigeach Forbartha Réigiúnach Meabhair Shláinte na hEireann, as ucht a gcuid tacaíochta agus a gcomhairle. Ba mhaith leis buíochas ar leith a ghlacadh leis na hoibrithe deonacha ó Sheirbhísí Tacaíochta do Lucht Méala de bharr Féinmharaíthe cheantar Lár Tíre agus le clann Mhic Róibín ar bhásaigh a mac de bharr féinmharaíthe as ucht a gcúnamh i bhfoilsíú an leabhráin seo. Glactar buíochas le daoine eile a thug lámh chúnta ar leathanach 48.

ACKNOWLEDGEMENT

This booklet is based on a similar booklet produced by a project team in the Mid-Western Health Board. The author would like to thank various members of the Midland Health Board steering group on suicide Mr. Richard Walsh Chairman and General Manager Mental Health Services and Ms. Finola Colgan Regional Development Officer Mental Health Ireland for their guidance and assistance. A special word of thanks to the volunteers from the Midland Suicide Bereavement Support Service and to the Robinson Family who lost their son through suicide for their contribution to this publication. Others who made valuable contributions to this booklet include

Mary Begley Suicide Prevention Strategist – Limerick

Solas, Barnardos Child Bereavement Service

Mr. Jonathan Egan Director of Adult Counselling Services – Midland Health Board

Mr. Sean McCarthy Resource Officer Suicide Prevention Strategy - Waterford

Theresa Mason Resource Officer - Northern Area Health Board, Dublin.

Mr. Tom Connell Resource Officer North Western Health Board

Dymphna Bracken Communications Officer Midland Health Board

The National Adult Literacy Board

Barbara Tynan Irish Language Officer - Midland Health Board

Shona Keating – Student

Caroline Oxley – Administration

Members of the Athlone Suicide Bereavement Support Service.

METHODOLOGY

The methodology adopted for the preparation of this booklet involved a review of the literature on suicide bereavement and consultation with a variety of individuals and groups working in the bereavement field. Interviews were conducted with individuals bereaved by suicide and counsellors who provide support. Discussions were also held with others who have a particular knowledge on certain elements associated with bereavement issues. This booklet format builds on the work of the Mid-Western Health Board where a booklet has already been published.

MODHEOLAÍOCHT

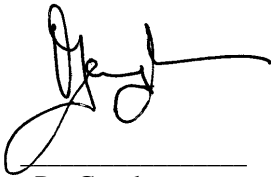
Is é an modh taighde ar baineadh úsáid as don leabhrán seo ná measúnú ar an litríocht atá ar fáil a bhaineann le féinmharú agus comhairle a lorg ó dhaoine agus ó ghrúpaí éagsúla atá ag plé leis an ábhar seo. Rinneadh agallaimh le lucht méala de bharr féinmharú agus le comhairleoirí tacaíochta. Bhí comhráití ann freisin le daoine a raibh saineolas ar ghnéithe áirithe den fhéinmharú agus de mhéala de bharr féinmharú acu. Tá an leabhrán seo ag tógáil ar obair Bhord Sláinte an Mheán Iarthair áit ar foilsíodh leabhrán cheana féin.

FOREWORD

The National Task Force Report on Suicide in Ireland 1998 acknowledged that those bereaved by suicide have needs which must be addressed and recommended that support be offered to them. The Midland Health Board has comprehensively addressed this recommendation by being the first Board to provide training for people to act as facilitators in the provision of suicide bereavement support. The Board initiated and continues to support the Midland Suicide Bereavement Support Service. This model now underpins the standardisation of training for all suicide bereavement groups throughout the country.

It is clear from the work of the Midland Suicide Bereavement Support Service that people bereaved by suicide need information. This booklet addresses the most commonly asked questions and provide suggestions for coping for those bereaved by suicide. The booklet also contains information on services and supports available in the Midland region.

I welcome the publication of this booklet and thank all those involved in its preparation.



Signed

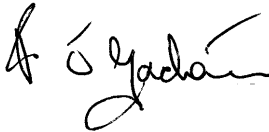
Pat Gaughan
Chief Executive Officer

RÉAMHRÁ/BROLLACH

D'aithin Tuarascáil an Tasc Fhórsa Náisiúnta um Fhéinmharú in Éireann 1998 go raibh riachtanais ar leith ag lucht méala de bharr fhéinmharú. Moladh tacaíocht a chur ar fáil. Ghlac an Bord Sláinte Lár Tíre leis an moladh seo i mbealach cuimsitheach trí oiliúint a chur ar fáil d'áisitheoirí don chéad uair, le tacaíocht a chur ar fáil do lucht méala de bharr féinmharú. Bhunaigh an Bord, agus tugann sé tacaíocht i gcónaí don tSeirbhís Tacaíochta do Lucht Méala de bharr Féinmharú Lár Tíre. Tá an samhail seo mar bhunchloch don oiliúint aitheanta chaighdeánach atá ar fáil do ghrúpaí lucht méala de bharr féinmharú thart timpeall na tíre anois.

Is léir ón méid oibre atá déanta ag an tSeirbhís Tacaíochta do lucht Méala de bharr Féinmharú Lár Tíre go mbíonn riachtanais eolais ag lucht méala de bharr féinmharú. Pléann an leabhrán seo na ceisteanna is minice a chuirtear agus tá moltaí ann do lucht méala de bharr féinmharú chun cabhrú leo. Tá eolas ann freisin faoi sheirbhísí agus an tacaíocht atá ar fáil sa cheantar Lár Tíre.

Fáiltím roimh fhoilsiú an leabhráin seo agus glacaim buíochas leo siúd ar fad a bhí páirteach san ullmhúchán.



Sínithe

Pádraig Ó Gacháin
Príomhfheidhmeannach

DEDICATION

This booklet is dedicated to the survivors of a death by suicide in the Midland region who have availed of the Midland Suicide Bereavement Support Service since its commencement.

THE MIDLAND SUICIDE BEREAVEMENT SUPPORT SERVICE

The Midland Health Board initiated and supports the Midland Suicide Bereavement Support Service. This service is provided by 46 volunteers, who constitute 6 groups throughout the Midlands. Some of the volunteers are bereaved by suicide themselves, some are Health Board staff. The service is offered to individuals and families bereaved or affected by suicide. The service now offers individual and group support. While this service is providing meaningful support for people affected by suicide, it was clearly evident that people were also in need of additional information around managing the aftermath of death by Suicide. This booklet attempts to meet this information need and hopefully answers some of the questions.

Worldwide every year six million people are bereaved by a suicide death.

In Ireland over the past ten years nearly 4,000 people have died by suicide. In 2001 439 people chose to end their own lives prematurely without saying goodbye to their families and friends.

In the Midlands (Longford, Westmeath, Laois, and Offaly) in 2001 there were 39 deaths by suicide.

With higher rates of suicide recently in Ireland, support groups for people bereaved or affected by suicide have been established in almost all parts of the country.

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THE NEEDS OF SURVIVORS

Research studies on Suicide Bereavement have shown the following list as the most significant needs for those surviving a death by suicide.

- Information about the death from the police, coroner's office, inquest and medical practitioners. (Clark and Goldney 1995, 2000)
- An opportunity to view the body or have access to photographs (Clark and Goldney 2000)
- Help and advice with practical and social matters including financial issues (Sheppard and Barraclough 1979 Rogers et al 1982. Morgan 1994, Clark and Goldney 2000)
- Opportunities to talk about the suicide and express feelings in a supportive context such as a survivors group(Shepard and Barraclough 1979, Rogers et al, 1982: Morgan 1994 ; Clark and Goldney 1995, 2000: Hill et al 1997)
- Individual counselling or therapy(Shepard and Barraclough 1979, Clark and Goldney 2000)
- Support from local religious leaders (Shepard and Barraclough 1979. Hill et al 1997)
- The provision of factual information about suicide (e.g. motivations, dynamics, limitations of prediction of suicide) and causes of mental illness which can help alleviate guilt and place the suicide in context (Rogers et al 1982, Battle 1984, Clark and Goldney 2000)
- Assistance and support in dealing with relationships with people in the survivor's network of family, friends and work colleagues. (Rogers et al 1982)
- Education about strategies for coping with grief (Clark and Goldney 2000)
- Understand and deal with other people's reactions to suicide.

REACTIONS TO DEATH

Everyone reacts differently to death and it is important to remember that there is no right or wrong way to grieve.

The way you experience grief will depend upon –

- The circumstances surrounding the death
- By the level of support you have
- Your relationship with the deceased

- You're previous experience of death and loss
- Your personality
- You're coping abilities
- The extent to which your life will change as a result of the death

"Grief is like peeling an onion – It comes off one layer at a time, and you cry a lot". Marion Blaster Compassionate Friends

When the death is by suicide our coping abilities are stretched to the limit. Most people will survive with the support of their own families and friends, however, sometimes families find it difficult to talk about what has happened even among themselves and this is why support services have an important role to play.

Talking to someone in confidence outside the family can be very helpful. Many families in Ireland have experienced a death by suicide and by sharing their feelings with others who have suffered in the same way they have come to terms with what has happened.

YOU ARE NOT ALONE

The death of a loved one is a private and personal matter and most people cope with the support of their family and friends. However, when the death is by suicide family and friends do not know what to say or do. It is important that those bereaved by suicide are aware that they can be supported by others who have suffered in the same way or by people who have been trained to provide support.

WHEN TO LOOK FOR OUTSIDE SUPPORT:

Most people will not be ready to accept outside support for some time and it is advisable to allow your own coping mechanisms the opportunity of dealing with your loss. There is no set time period before seeking outside support and individual needs are different. Some groups provide services, which are often accessed in the early days following the death, but many bereavement support groups would suggest a minimum period of three months.

DIFFERENCES BETWEEN NORMAL BEREAVEMENT AND SUICIDE BEREAVEMENT:

When death occurs in the normal way families and friends have time to prepare themselves and the death of a loved one is easier to accept. When death is by suicide it is often sudden and without warning and no one is prepared. All the normal feelings of loss and grief are intensified and the manner of the death complicates the grieving process.

Common reactions of those bereaved by suicide -

People are often left:

- Trying to make sense of the death.
- Coping with feelings of disbelief, anger, blame, failure, guilt, and shame.
- Rejection and isolation become real issues for families and friends.
- The unanswerable question of why will be ever present.

“The mention of the word suicide will arouse painful thoughts and memories for some time. Family and friends will use words which may sound cruel and heartless, however, it must be remembered that these people are experiencing their own pain and anger and may not be able to vent their feelings in more gentle ways.

The journey towards acceptance usually begins when people come to realise that

- Something beyond their control has happened
- They are not to blame,
- They are not alone
- Many others have experienced a death by suicide and are willing to provide support.

The Cross

*The cross it came without
warning, Who'd expect it
on a morning*

*When all the world
seemed very bright, With
not a single cloud in sight.
The cross it landed on my
shoulder, When I wasn't
ready*

*The hardest one I would
have to bear, it was
mighty heavy.*

*The cross it shattered my
whole life, People they
were shocked for miles,
My child had gone to meet
his God while I lay in the
land of nod.*

*The cross it was so hard
to bear, to question God I
didn't dare,*

*I could only pray for
strength, my head was
sore my shoulders bent.*

*The cross it really broke
my heart, How could my
child from me depart,
I questioned why he had
to go, the answer I may
never know.*

*The cross it came so
unexpected, in life I felt I
was rejected,
only God could ease the
pain.*

*My life would never be the
same. The cross I carry
everyday, the cross that
will forever stay, The
cross o'er which I had no
power, the cross that sent
the darkest hour.*

Immediate Reactions -

WHY?

Death by suicide is an overwhelming loss that can leave families and friends feeling a range of emotions and many unanswered questions. While everyone feels grief in different ways, many people experience similar reactions.

The need to understand why a person took his/her own life, is one of the questions that a surviving family will face.

Making sense of the death, trying to find explanations and dealing with “could I have prevented the death”, or “am I to blame” are all part of the emotional turmoil that the bereaved can experience.

Unfortunately it is not always possible to understand, to fully piece together the person’s unique story. Although a stressful event may appear to have been the trigger, it will seldom be the only reason for one death. Ultimately, the bereaved will have to live with their loss, in their own individual way, albeit without having all the answers.

What is important, is to grieve and to come to a state of acceptance. While grieving never completely ends, the pain will soften over time. Some time over the course of grieving, a conscious choice may need to be made, to fully live life again. Asking why is important, but sometimes the answer may never be found.

Suicide is often the result of a complex combination of several significant factors. In the end there may be no way to fully understand the deceased’s frame of mind at the time of death. Getting through the experience, moving beyond the puzzlement of “why” and learning to fully function again are important challenges for families in the grieving process.

Your Test

*You'll miss him lots you
always will the son that
now his heart is still.
Who could foresee such
tragedy only god above
could let it be. It's he
alone that can give you
strength to straighten up
when your shoulders bent
from the sadness, grief,
the utter pain cause your
sunshine days have turned
to rain.
Your lovely son has gone
away, but here on earth
you all must stay. His
death has left a vacant
place that no one else will
e'er replace.
You'll see his face
amongst the crowd;
sometimes you'll call his
name out loud. The tears
will flow without consent,
As you mourn this boy you
were lent.
The family chain is
broken, A brother he is
gone, but he'd want you
to be happy, Re-build and
carry on. We pray that
God will give him Peace
and eternal rest,
And to you, the strength
you need to pass life's
biggest test.*

Am I to blame? Could I have prevented it?

No, it is not your fault. It is now known that those who die by suicide are particularly vulnerable to stress. The majority have suffered from some form of mental illness that may not have been detected prior to their death. It is often not possible to have known that a loved one might take their own life. Even professionals acknowledge the limitations of making such predictions.

After a suicide, family and friends often go over the pre-death circumstances and events, blaming themselves for the things they should, or should not, have done. This common experience is a natural reaction but varies in intensity within the families and among the different members of the family.

Often, in trying to cope with the impact of the death, family members are unable to offer one another support. Individual family members respond differently to the death depending on their relationship with the deceased. Frequently, feelings of hostility and bitterness towards one another may surface. For others, withdrawal or excessive talking may be their way of coping. Essentially, the common denominator in such communications, is the need to put things in perspective. To express feelings and deal with the hunger for information and inner emotional turmoil.

Over time the intensity of the pain will lessen but for some, it may be important to seek help outside the family in order to make personal sense of the tragedy. For many, talking one's feelings through with a trusted friend/relative provides sufficient support in working through grief. For others, meeting people who have had a similar experience brings tremendous relief and a sense of comfort and healing.

Hopeful Healing

The flame has gone, just disappeared, when life was good death interfered, cut like a knife across the flame, life will never be the same. The flame was nourished year by year with lots of joy few were the tears. It's tainted now I'll tell you why, our son and brother he did die. But even though the flame's not there the fire still kindles the spark's somewhere. We live and pray, we hope and care, that God will heal the burns we share

Feelings you may be experiencing now or in the future

The aim of this section is to describe some of the most common feelings experienced by the bereaved shortly after the death. The intention is to reassure you that you are not going crazy and that such a state of mind is both understandable and to be expected at this time.

The aftermath of a death by suicide leaves family and friends with the most painful of emotional legacies. The loss of a loved one to death by suicide is both

sudden and alarming. Complete shock often masks the full realisation of what has happened. People experience images and painful memories, which can occur by day or night.

As shock gives way to painful reality, there may be feelings of guilt and great mental anguish.

Unfortunately, there is much ignorance surrounding a death by suicide. This is one reason why suicide survivors may find comfort in being with other individuals bereaved by a suicide death. It is advisable to obtain reassurance and support in order to maximise one's ability to get through this very dark time.

Grieving is a long lonely road marked by times of complete hopelessness and despair. There is no way of avoiding this pain. Losing someone close to what may appear to be a deliberate decision will heighten specific aspects of grief. It is essential that you are aware of some of these feelings and how they may manifest within yourself, in your family and friends. It is important to remember, however, that each person will grieve in their own way and that not everybody will experience the same feeling.

Some feelings you may experience

Guilt

In the face of such tragedy there may be an overwhelming sense of regret, self-doubt and deep shame, characterised by a gnawing sense of persecution. These feelings may feel deeply rooted in your mind and body and may allow you little relief or personal solace. You may feel your breathing is affected and may experience waves of panic. The questions that will shape in your mind include:

- Why didn't I listen?
- Why didn't I prevent this from happening?
- Why didn't I give him / her more time?

Such questions usually take the form of self-reproach and self-blame, whilst removing all responsibility from the person who has ended his/ her life.

Bereaved people are so emotionally close to their pain that they find it difficult to be objective. Much of the guilt is imagined and they may use it to punish themselves for allowing the suicide to happen. Time and support is needed in order to come to the understanding that suicide is an individual act. No one person is in control of another person's fate.

Anger

Anger is an extremely physical emotion, which grinds away at whatever strength you may be clutching on to. Anger makes you tense, extremely irritable and prone to huge swings of emotion. At times there may be feelings of rage directed against yourself, the person who has died, family, friends and very often God. You may want to blame someone and that could be anyone who comes across your path. In a grieving family, several members will be experiencing these emotions at the same time. Most families have their secrets and in times of trauma, these may well surface. This death may be the latest in a series of stressful life events. The relationship may have been ambivalent. At times, the deceased person's behaviour may have caused great frustration and you may have wished for them to go away. Please remember that this is not the reason for their death. This may be the opportunity to seek out confidential support and enable some personal healing to take place.

Depression

Depression has often been described as anger turned in on oneself. Depending on your individual make-up, you may feel greater amounts of depression than anger or alternatively you may swing widely between the two.

Depressive feelings include a sense of being pushed into a dark space, a sense of not being able to move or see any light at the end of the tunnel. Physically you may feel totally exhausted during the day and lie awake at night tossing and turning into the early hours. Your appetite may completely diminish or you may find yourself eating indiscriminately or bingeing in a self-punishing way. Alcohol abuse, gambling, drug or other compulsive behaviours may all take an upward spiral. You may be worried about yourself or other close relatives or friends of the deceased. This may be the time to visit your family doctor or contact the local Samaritans.

These are just some of the stronger emotions characterised by the early stages of mourning. There is of course a whole spectrum of feelings and actions associated with this time. Denial of what has happened is a form of self - protection and it will take time, care and listening to come to terms with the reality of life without a loved one. You may wish to avoid outside communication for fear of stigma, family shame, protecting the loved one; you may feel people are avoiding you for the same reasons. Remember you have complete control of how much information you wish to share with others. You are not expected to provide reasons or explanations as to why the person is dead. A simple statement such as "they ran out of steam or energy" is enough to suffice.

This is an extremely vulnerable time; it is important to take personal care and to reach out and expect appropriate help. At the end of this booklet is a list of organisations dedicated to the support of people who are grieving and in need of confidential support.

What feelings to expect:

Initially

- Feeling numb – shock.
- Denial, it did not happen, looking for other explanations and becoming angry with others.
- Shame Guilt and Rejection, and a feeling of a lack of social support, wanting to hide the truth.
- A sense of relief if the deceased had been very ill beforehand.

*"I have been trying hard
but nothing is the same or
ever will be the same
again"*

*"One day I am fine the
next day I am
disintegrating"*

"Why not me too"

Later:

- "Enormous pain and puzzlement; Needing to know why? This has happened.
- "Feelings of panic, that you are going crazy.
- "Anger at yourself, deceased or others.
- "Difficulty in relating to family members; crisis in parental identity.
- "Worry that you or another in the family may be doomed to suicide.
- "Finding it hard to trust others again
- "Low mood, no energy
- "Feelings of tension.
- "Finding it hard to sleep
- "There is no future now
- "Things do not matter anymore
- "Feeling empty and lost
- "Thoughts of the act itself repeatedly intrude.
- "Feeling you are on hold

The anniversary

It is important to be aware that the anniversary of the death of a loved one is a time of great vulnerability and challenge for the bereaved and can re-awaken painful feelings.

For some it may feel like re-experiencing the whole trauma all over again. It is a time when people will require extra support. For some the anniversary will provide a measure of how well they are coping and many will feel they have not coped at all.

Grief will re-surge at these times and can also manifest itself at other times of crisis.

Some may feel under pressure to let their loved one go and maybe know they are not yet ready. Survivors will say that letting go is very hard and it may take some time.

Each individual will know themselves when they are ready to let go.

While the months mind and the anniversary focuses on the deceased other times such as Birthday's, Father's Day, Mother's Day and Christmas tend to emphasise the absence of the loved one.

Planning the management of these celebratory occasions is important, as it will help to alleviate the emotional impact of these feelings.

Activities, which focus on the deceased person, need to be mixed with celebrations relevant to the remaining members of the family and friends, which acknowledges their existence. Afterwards there can be feelings of relief the event is over- This is not an unusual feeling.

Letting go December 1999

*I have given you back,
God knows t'was not easy
As I gazed upon your
picture my legs felt
unsteady This was a hard
task which was put unto
me But I summoned the
strength to let you go free
Three years it had taken
to bid you farewell
In those months and years
my living was hell
I called out your name as
each day begun
Existence was hard I
needed you son
I guess I will never know
why you did go
But God knows you took a
part of me too.
Take care of that chip it's
a bit of my heart
T'is our secret connection
whist we were apart
As I looked at your eyes in
that picture frame
It tore me apart just to
mention your name
I told you I loved you but
for you as for me
I knew it was time to
allow you go free
So goodbye little fellow
Thanks for the years
Your memory is precious
it always will be but your
spirit my child I just have
to set free
My love always Mammy*

What has helped other families?

- “Spend time planning the funeral
- “Learning to mourn
- “Acknowledging all feelings
- “Talking honestly and openly with family and friends- telling the truth
- “Having a regular chat and check – up with a doctor
- “Reviewing pictures and mementoes.
- “Visiting the grave.
- “Rearranging and storing the belongings of the deceased
- “Writing down shared experiences they had with their loved one’s in a memories book.
- “Writing a letter to the deceased
- “Allowing themselves to be angry but accepting that you love the person who died.
- “Meeting and talking with others with similar experiences.

Zest for Life

*“In the early days I feared
we would not get through
it. It seemed such a long
road. Now, four years on I
‘ve even got back a zest
for life. It’s knowing I’ve
come out the other end
strengthened and alive in
a different way”*

Poems from “The Web of
Life” Phil Robinson

*“We were all in shock.
Numb really, but having
the wake and the funeral
helped get us through.
There was a path to
follow. It held us
together”*

Mother following the
death of husband

“Someone to talk to”
Barnardos

In the early days the journey through grief and loss, it is hard to imagine that one will ever be truly happy or joyful again. Yet most people who make the journey, however painful and lonely, feel able to resume life with renewed hope and optimism.

Ritual

Many people have stressed the importance of rituals following death. It can provide a structure, a time frame, and a sequence of activities, which many find comforting and beneficial. With the suddenness of a death by suicide the effort spent in planning and engaging in religious activities allows those grieving more time to come to terms with what has happened. In this regard the church and your local clergy have a leading role to play. Nowadays the clergy’s role is more

supportive and comforting than before. It will be necessary for someone in the family or someone nominated by the family to liaise with the local priest or minister regarding church services for the deceased. He/ she will advise you and family members on church proceedings, e.g. the format of the service, particular readings, hymns etc.

There is no doubt that many people will find great comfort and support from their faith at this time of need. Priest, Chaplains, and Ministers and Nuns have great experience in comforting the bereaved and for many in Ireland these people are a source of constant support.

“When my brother died I felt so bewildered and left out. It would have helped if someone had talked to me” Paul age 10

“I wondered why the garage door was shut. No one was talking”
Joanne age 12

“Someone to talk to “
Barnardos

What do I say to the children?

The death of a brother / sister or parent through suicide is very confusing experience for a child. Often, parents feel the need to cover up or communicate only part of the truth in order to protect their children. Parents worry that the child may not be able to cope with a death by suicide in the family. However, this approach fails to consider how resilient children actually are.

Professionals working with children advise that avoiding or not telling the truth is actually more harmful to the child in the long term. It has been shown that where parents opt for secrecy about the cause of death, children were excluded from the normal healthy grieving process.

Furthermore, the communication and support among older children, who are aware of the cause of death, and younger children are not hindered.

In many cases, years later, when children eventually learn the truth, they react with shock, resentment, and disbelief and often internalise a feeling of betrayal.

- “ What help’s children at a time of death is a family’s openness to expressing grief, the availability of emotional support and a willingness to discuss the truth. Trying to hide the reality causes an unnecessary burden on adults and only postpones the resolution of grief in the child to later years.
- “ Honest and truthful communication shared in a loving and caring way helps a child to deal with and recover from, the traumatic experience. The key is to share the truth gradually but always with respect to the age of the child.

Gradual disclosure allows the child to ask questions and talk about worries as they arise. It also enables them to embrace the sadness of never seeing their loved one again.

- “A very young child may be satisfied with the fact that the relative had an accident and because of it, died. However, an older child may need to know more details and will usually ask if they do. In answering it is important to be as honest as possible by stating the facts known.
- “Children initially respond to a death with shock and denial. Depending on their age some children may react by screaming, crying, or with withdrawn behaviour. Others become angry and fearful that the remaining parent may also leave them or, they may blame themselves for the death. Adults can help the young person by acknowledging their feelings, by listening and offering them the time and space to talk about the dead person and about themselves. However, should a child continue over a long period of time to exhibit ongoing outbursts, sleep disturbance, or withdrawn behaviour, professional help may be required.

What parents have said about “Telling the truth”

- “I think too that what has made a difference to the boys is that it’s not a closed subject in our house – he is everywhere in our home. This is the child’s way of making sense of what has happened.
- “Children need to be given permission to express their feelings in their own way. Children may be angry or withdrawn.
- “Let the child know they can talk to important adults, relatives and friends about the death.
he is a presence in our lives. My relationship with him is different now, but I still do have a relationship with him – as his brothers still do. “We talk about him every single day of our lives”

“They have good memories, openness. Because from when I told them what happened, I just felt that I had to be able to answer their questions as best as I could and be open to them, and I think that has made a difference”.

“I told my daughter straight away and she is the most stable little girl I know. I bought her a Memories Book and told her to write down anything of what you and your father shared together – like going to the park or butterfly catching. So she writes down anything she remembers and she can look back when she is eighteen and say ‘wow, I do remember these things’.”

**“Someone to talk to “
Barnardos**

What parents have said about - “not telling the truth”

- “We don’t talk about my husband. The people around you don’t talk about it because they don’t know how to approach you. I automatically don’t talk about it because that makes me feel bad and it reminds me that the children don’t have their dad. Because that is what it all come backs to, all the time”.
- “We haven’t told the younger ones, I just said their father got sick and died. The other children in the family know but tiptoe not to let the youngest know-It was on the news as well, so it was hard to conceal.”
- “I don’t think my son knows anything, but I am lying to him every time I tell him how his dad died and I feel terrible about that - I don’t know how to tell him. I don’t know where to start, I don’t want to hurt him”.

“People say time is a great healer, that you’ll get over it. But when you have lost your child in some way you never get over it. The pain eases a little but there is not a day goes by that you don’t think of her and still feel the loss. It is like a wound that will never heal”.

Parents of Laura age 8

**“Someone to talk to”
Baranrdos**

These excerpts are taken from “Coping with suicide in Childhood” in Australia, Youth Suicide Prevention Bulletin with permission by author Kerrie Noonan.

Telling the Child

Breaking the news to children of the death of a parent, sibling, close relative, or friend can be very difficult. Whether the death is sudden or anticipated, parents and carers want to protect children and themselves from greater distress. However, children need to be told about death and helped to understand the implications of their loss.

- Use simple and practical terms. Try and link the explanation to what children understand about loss i.e. the loss of a pet, change of school, death of a relative.
- Use words like dead and dying. Even though they seem harsh, they are less likely to lead to misunderstanding later.
- Make it clear that when someone dies this means their body is no longer working, the heart stops beating. They no longer need to eat and sleep and they no longer feel any pain.

- “Be careful about using words like “she is gone to sleep”, “gone away”, “we lost granddad”. Children may get confused by these terms through every day use of them.
- In the absence of information children will make up their own stories, which can be more frightening than the actual facts.
- When telling a child about a loss, particularly if it is somebody close to the child, ensure that they are not alone.
- Be prepared to have to repeat the story several times and answer repeated questions
- Continue to offer children reassurance and support in the days, weeks, and months ahead as they make their own journey through the grieving process.
- When a child dies the surviving child/ children are also grieving. They can often idealise the child who died and feel unable to fill that child’s role and feel they may not be good enough for the parent.
- It is really important that children receive a message about their own worth and place in the family.

Who should tell the child?

In the case of a sudden death, the child will feel more protected if informed by a familiar close family member, preferably a parent. When this is extremely difficult another adult should tell the child, try as soon as possible to ensure that the child is reunited with a trusted adult preferably a parent, who can repeat the news. Otherwise children have greater difficulty in accepting the loss and tend to distance themselves from this reality. (Excerpts from “Death Helping Children Understand” Barnardos)

Suggestions for the bereaved

1. Know you can survive. You may not think so but you can.
2. Struggle with “why” it happened until you no longer need to know “Why” or until you are satisfied with partial answers.
3. Know that you may feel overwhelmed by the intensity of your feelings but all your feelings are normal.
4. Anger, guilt, confusion and forgetfulness are common responses. You are not crazy you are in mourning.
5. Be aware that you may feel inappropriate anger at the person, the world, at God, at yourself. It’s okay to express it.
6. You may feel guilty for what you think you did or did not do, Guilt can turn into regret through forgiveness.
7. Having suicidal thoughts is common. It does not mean you will act on these thoughts.
8. Remember to take one moment or one day at a time.
9. Find a good listener with whom you can share. Call someone if you need to talk.
10. Don’t be afraid to cry tears are healing.
11. Give yourself time to heal.
12. Remember the choice was not yours. No one is the role influence in another’s life.
13. Expect setbacks, Emotions can turn like a tidal wave but you may only be experiencing a remnant of grief, an unfinished piece.
14. Try to put off major decisions.
15. Give yourself permission to get professional help.
16. Be aware of the pain of family and friends.
17. Be patient with yourself and with others who may not understand.
18. Set your own limits and learn to say no.
19. Steer clear of people who want to tell you what or how to feel.
20. Knowing that there are support groups that can be helpful such as, the Samaritans, Compassionate Friends or Survivors of Suicide Support Groups. If not ask a professional to help start one.
21. Call on your personal faith to help you through.
22. It is common to experience physical reactions to your grief, e.g. Headache, loss of appetite, inability to sleep.
23. The willingness to laugh with others and at yourself is healing.
24. Wear out your questions, anger, guilt, or other feelings until you can let them go. Letting go doesn’t mean forgetting.
25. Know that you will never be the same again, but you can survive and even go beyond just surviving.
26. Be kind and gentle with yourself.

From “Suicide and it’s aftermath” Ed. E.J. Dunne JL Macintosh K. Dunne W.W.Norton

Suggestions for helping children bereaved through suicide

It is hard to tell children that someone they love has killed themselves. But not telling children also causes difficulties with secrets in families. Sometimes we find it easier to tell older children, but not the younger ones. The child's age will be a factor in how much they can understand. But include all the children.

- It is best that either a parent/ guardian or someone very close to them tells children about the suicide. A parent may need the support of another adult in this phase.
- Use clear simple language. Use words like dead and killed himself/ herself
- From known to unknown "Do you remember when I told you..." "Do you remember when sometimes that Daddy was very quiet and sad..."
- Allow for telling more later. Create an atmosphere in which the child feels comfortable about asking questions and expressing emotions.
- Talk about how life ended e.g. "He put gas into the car. This made him go to sleep. Then the gas made him stop breathing. When he couldn't breathe he died." or "He put the rope around his neck and let it get so tight that he couldn't breathe anymore. When he stopped breathing he died."
- Emphasise that the illness meant that he / she was not thinking clearly. That mum/ dad couldn't think of another way out of the pain always emphasise that there is always another way. Talking about it helps.
- Remind the child that they are not to blame. Feeling guilty and responsible are very common responses after suicide. Arguments and difficulties in relationships are not reasons why people kill themselves.
- Children, especially younger children usually ask questions about details of the suicide. This may be difficult for you to answer but it does help the child to come to terms with the death. Be prepared to answer the same questions again and again.
- If possible the child should see the body. Like all funerals explain to the child in advance what will happen.
- Once the child knows about the cause of death, the older child may / may not have some concerns about what to say to friends. If this is an issue help them find the words to say what they are comfortable with.
- It is also okay to say I don't know or we don't really know why.
- Get support for yourself.
- Allow for a range of emotions and responses. Children often go and play after hearing traumatic news. It is their way of digesting the news.
- Younger children are more concerned about the absence of the person who died, but do include them in the story of how mum / dad died.
- Children need to know that the person who died loved them. Because of the illness they may not have been able to let the child know that.

- Children also need reassurance that the adults in their life will take care of them. Take up these offers you have of support, particularly those days that you feel like not going on
- Know you can survive – so can your children
- Grief work is draining - keep a balance on your life
- Do not hesitate to seek professional help if you are concerned or need help in talking to your children about suicide.

(From “Someone to talk to”
Pat Donnelly – Barnardos 2001)

Looking after yourself

Be with - family, friends, and neighbours, and co-workers. Be with others who have experienced a similar loss i.e. self help group.

Allow yourself time to heal – it is hard to know how long it takes to heal, everyone is different.

Talk about how you feel – allow yourself to cry – feeling angry is normal.

Your life will change – things will never be the same again – your personal relationships with people will be different - work routines and family life will change. This is a natural outcome of loss and grief. Be aware and accept this as normal.

Look for support – Most people do not like to interfere and wait for you to make the first move. When you let others know that you require support and help they will be happy to respond.

Take care of your physical health – Be aware of physical signs and symptoms of illness or distress and consult your local General Practitioner if you feel your physical health is being affected by your grief.

Support others in their grief – Be aware others are also grieving and finding it difficult. By encouraging them to express their feelings you are helping yourself.

“In the beginning I felt lost. I was trying to be both mother and father to them. Then one day Jane told me she had a father and still loved and missed him. But right now she needed me to be twice as much her mother. That gave me strength to carry on. Just be myself”.

Mother following the death of partner

Coming to terms with your loss – Move towards acceptance of the death of your loved one. Work through feelings of bitterness, anger, guilt, and blame which may be preventing you from moving forward in your new life.

A new beginning – As you slowly come to terms with your loss and the intensity of your feelings lessen make a return to previous interests or develop new ones. Consider fostering new relationships at your own pace.

Delay all major decisions in your life – Remember your judgement may be affected while you are in mourning. Consider seeking advice before making any major decisions such as selling / buying property, entering a new relationship, as these changes could add to the stress you are already experiencing

WHAT TO EXPECT FOLLOWING THE DEATH

1. Involvement of the Gardai

The Gardai are involved on behalf of the local Coroner. They assist the Coroner in arranging a formal identification of the body of the deceased by a member of the family, or other person who knew the deceased and is in a position to identify the deceased. Sometimes the Garda Officer may know the deceased personally, and therefore, would be in a position to identify the deceased. In such circumstances the family do not need to formally identify the deceased.

The Gardai will compile a report around the circumstances of the death (FormC71) and send it to the coroner. The fact that relatives may be met at the hospital by an uniformed Garda or the fact that the Garda calls to the home to take a statement does not mean that the death is regarded as suspicious. The Gardai in the majority of cases, will be acting as Coroners Officers to assist the Coroner in establishing who, where and how the death occurred.

2. Who is the Coroner?

A Coroner is either a doctor, solicitor or barrister. The Coroner is an independent official who is responsible for investigating sudden unexplained, violent or unnatural deaths. All such deaths in the Republic of Ireland are investigated under the Coroners Act 1962. The investigation is held to determine the cause and circumstances of the death. In some cases, an inquest is held and recommendations are made to prevent further deaths occurring in similar circumstances.

3. Why is an investigation (Inquest) necessary?

The law of the Republic of Ireland does not permit a doctor to sign a death certificate if the cause of death is unclear or if the doctor has not attended the person within one month of death prior to death from a natural illness or if death by violent or unnatural means is suspected. The purpose of the inquest is to determine the identity of the person, date, time, and place of death, and circumstances, such as cause and manner of death.

4. When may funeral arrangements be made?

When a death is reported to a coroner funeral arrangements should not be made until the body is released, or until the Coroner has indicated when the release will occur. This is important at all times but particularly at Bank Holiday weekends.

Suicide by nature denies relatives of the deceased, the opportunity to say goodbye. The funeral gives families a chance to arrange and plan a farewell. This can be achieved by partaking in the funeral arrangements and deciding on such issues as the clothes in which the deceased is to be dressed, the type of coffin and the time the removal will take place. It may be helpful to decide whether the repose will take place in the hospital mortuary, a funeral parlour, taking time to come to terms with what has happened and being with the deceased, some sense of comfort may be experienced.

Other families, who have experienced a death by suicide, have suggested that is very important to spend time with the body. Even if family members do not wish to view the deceased, a vigil beside the concealed person is often helpful. Other families emphasise the benefits of and comfort in having a public funeral so that adequate tribute is given to the deceased.

Funeral arrangements should not be made until the body is released to the spouse or next of kin, which usually takes place immediately after the post mortem examination has been completed.

Just a Hug

*It doesn't cost but can
bring joy, Sometimes a
hug will make you cry,
A gentle hug it can ease
the pain, maybe bring the
brightness back again.
A parent's hug passed to
their child can have their
love multiplied,
A gesture given out of
love, Oh the feeling of
that hug.*

*In times of grief, hardship
or sorrow A hug can
brighten our tomorrow
When joy it knocks upon
our door A hug will
gladden all the more.
Giving hugs can be
contagious Sometimes we
have to be courageous
To let our arms be open
wide, Why have them
hang down by our side.
Our Lord held out his
hands to all, Especially to
the very small,
The greatest way to show
our love is to give
someone a gentle hug.*

5. When is a body released?

The body will normally be released to the spouse or next of kin immediately after the post mortem examination (autopsy) has been completed irrespective of whether or not an inquest is to take place.

6. How long may the body remain in the custody of the Coroner?

The Coroner by law is entitled to exclusive possession of the body of the deceased person until he or she has completed sufficient enquiry to establish the identity of the deceased, the place of death and how the death occurred. The Coroner, in recognition of the anxiety of the next of kin and relatives of a deceased to complete funeral arrangements, endeavours to arrange for completion of the post mortem examination (autopsy) at least within 24 – 48 hrs. of the occurrence of death, assuming the availability of a Consultant Pathologist to carry out the post mortem examination.

7. What is a post mortem (Autopsy)

The post mortem (autopsy) is a procedure to establish the cause of death. All stages will be carried out in a professional manner. The Pathologist will take blood and tissue samples for further laboratory analysis to assist in arriving at a definite cause of death. There may be delays in relating the obtaining of post mortem reports as some samples may be sent to the state laboratory or Beaumont Hospital Laboratory or other laboratories for analysis. This is especially so in case of suspected drug overdoses or suspected poisoning whether self induced or not.

When the pathologist issues his post mortem report, if the death is due to natural causes the Coroners Certificates will be issued by the Coroner to the Registrar of Deaths will proceed to register the death, and will then issue a Death Certificate on receipt of an application for the next of kin.

If the death is due to unnatural causes an inquest must be held. The death certificate will be issued when the inquest is concluded.

The Inquest

*The coldest day we've
ever had, It made us feel
so awful,*

*We sat there amongst a
crowd the verdict read to
all out loud.*

*All we needed was privacy
But there indeed was not
to be, It mattered not to
all the others, Just to us
parents sisters and
brothers, the way that this
young man had died, they
little cared how much we
cried.*

*As they talked through the
statement there, his Dad
sat broken in his chair,
Retracing the ordeal he
had spied on the morning
that his son had died.*

*Why should people's
tragedy be thrown around
so publicly,
It isn't fair to open
wounds so painful out on
public grounds.*

*Respect the one's that
have to wait far too long
after the death's date
For the verdict of the
Coroner, As he spills out
the awful horror of the
happenings of some
months before. It must be
held between closed
doors,*

*Let the powers that be
hear this request – keep
close the results of an
inquest*

8. What is an inquest?

An inquest is an inquiry in public by a Coroner, sitting with or without a jury, into the circumstances a death.

An inquest must be held by law when a death is due to unnatural causes.

The purpose of the inquest is to establish the facts surrounding the death and to place those facts on the public record, and to make findings of the identification of the deceased, the date and place of death and the cause of death. A verdict will be returned in relation to the means by which the death occurred. The range of verdicts open to the Coroner or jury include accidental death, misadventure, suicide, open verdict and natural causes (if so found at an inquest) and in certain circumstances unlawful killing.

An inquest will not tell you why a person died by suicide.

The Coroner will decide what witnesses should attend and what order they will be required to give evidence. The Pathologist and Gardai always give evidence at an inquest into a death by suicide. Any person may give evidence, which is relevant to the purpose of the inquest. Likewise, any person who has a lawful interest in the inquest may ask questions or be legally represented by a solicitor or Barrister.

Such person's include –

- Family and next of kin of the deceased.
- Personal representatives of the deceased
- Representatives of insurance companies.

All inquests are held in public and reporters may be present. In practise a minority of inquests are reported. The Coroner is aware of the tragic circumstances and will endeavour to treat each one sympathetically. The existence of suicide notes will be acknowledged, but the contents will not be read out, except at the specific request of the next of kin and then only at the discretion of the Coroner.

Every attempt is made to ensure that the inquest proceedings are not unduly intrusive on families concerned.

What public interests are served by holding an inquest?

The Supreme Court of the Republic of Ireland has declared that:

“Few would dispute the need to have a public inquiry by a person with appropriate legal or medical qualifications into the death of a person as a result of violence or in circumstances which render such an investigation appropriate”.

The Supreme Court also listed a number of public interest duties of the Coroner when holding an inquest:

- To determine the medical cause of death
- To allay rumour and suspicion
- To draw attention to the existence of circumstances which, if un-remedied, might lead to further deaths
- To advance medical knowledge
- To preserve the legal interests of the deceased's family, heirs or other interested parties.

10. Can funeral arrangements be made before an inquest is held?

Yes. If an inquest is to be held, the Coroner is usually able to allow burial or cremation once the post mortem (autopsy) is completed.

FUNERAL ARRANGEMENTS

Suicide by nature denies relatives of the deceased, the opportunity to say good bye. The funeral gives families a chance to arrange and plan a farewell. This can be achieved by partaking in the funeral arrangements and deciding on such issues as the clothes in which the deceased is to be dressed, the type of coffin and the time the removal will take place. It may be helpful to decide whether the repose will take place in the hospital mortuary, a funeral parlour, taking time to come to terms with what has happened and being with the deceased, some sense of comfort may be experienced.

Other families, who have experienced a death by suicide, have suggested that is very important to spend time with the body. Even if family members do not wish to view the deceased, a vigil beside the concealed person is often helpful. The body is then released to the spouse or next of kin, which usually takes place immediately after the post mortem examination has been completed.

11. Who gives evidence at an inquest?

The Coroner is the person with sole power to decide which witnesses should attend, and in what order they will be required to give evidence.

12. Can I ask questions at the inquest?

Yes. Any person who has a proper interest in the inquest may personally examine a witness, or may be legally represented by a solicitor or barrister.

Such interested parties include:

- The Family and next of kin of the deceased.
- The personal representative of the deceased.

- Representatives of a board or authority in whose care the deceased was at the time of death. For example hospital, prison, or other institutions.
- Those responsible for the death in some way - the driver of a motor vehicle for example.
- Representative of Insurance Companies, where death resulted from an accident at work.
- Representatives of Trade Unions
- An employer of the deceased.
- An Inspector of the Health and Safety Authority.
- Other person's at the discretion of the Coroner.

13. Can a report of the Inquest be obtained?

Copies of the post mortem report and statements taken from the witnesses at an inquest including a copy of the verdict, are available from the Coroner's Office on payment of the statutory fee, once the inquest has been concluded. Inquest papers are not available prior to the inquest being held.

14. Will the inquest be reported in the newspapers?

All inquests are held in public and reporters may be present. In practice, a minority of inquests are reported. The existence of suicide notes will be acknowledged but the contents will not be read out, except at the specific request of the next of kin, and then only at the discretion of the Coroner. Every attempt is made to ensure that the inquest proceedings are not unduly intrusive on the family concerned.

Death Certificate

The death cannot be registered until the post-mortem report is received, which may take six weeks or longer. Prior to the inquest being held the Coroner's office will provide on request an interim Certificate of the fact of Death which may be acceptable to banks, insurance companies and other institutions, families emphasise the benefits of and comfort in having a public funeral so that adequate tribute is given to the deceased.

How do I deal with the neighbours?

Remember that a death by suicide happens to all sorts of families and impacts on many people. The shocked family may find it hard to face the world and talk

about the death. Alternatively, friends and relatives may feel uncomfortable and unable to offer consolation.

While all kinds of loss are painful, the issues are different when dealing with death by suicide. Generally friends and neighbours are well meaning and want to give support, but may feel uncomfortable. They may be afraid to upset the family or think

it is best to leave them alone. It may be helpful to take the initiative, by simply stating that the death has happened and ask for practical help.

If you are uncomfortable with talking about the death, don't.

When ready, talk about the event, feelings of loss and pain, with family, close friends, neighbours or others who have experienced a death by suicide.

Entitlements

This three- part section aims to provide general information concerning financial and legal matters. Section A and B deal with entitlements and wills while the final section is a question and answer column outlining some common queries following a death.

It is useful to know that your local citizens information branch in each county provide a free and confidential service regarding such matters. Further details and clarification can be sought from your local Citizens Information Centre.

Section A

Assistance with funeral costs

There is help available from the social welfare dept. A bereavement grant of 635 will be paid if the deceased, a spouse or parent of the deceased, or a dependent child has enough PRSI contributions. It is payable to the next of kin or to the person responsible for the funeral expenses. It is not related to the ability to pay for the funeral.

Under the supplementary Welfare Allowance scheme you may be able to get assistance with the cost of the funeral if your means are low. The local Community Welfare Officer decides each case on its merits. The Health Boards prefer if you apply before the funeral takes place. In practice, most people apply afterwards.

Income after death

Depending on individual situations, the type of income / support entitlements that are available may vary. Generally, if the deceased was not employed the Social Welfare Dept. Will be of assistance. Alternatively, if the deceased was the

breadwinner in the family, it is advisable to clarify the situation regarding the following:

- Insurance policies and private arrangements
- Mortgage protection policy
- Money owed by the deceased 's employer for holidays, unpaid wages etc.
- Employment pension
- In the bank or other financial institutions
- Social Welfare pension

Access to money, insurance etc.

If the insurance policy or the money in the bank is in the deceased person's name, the family members usually cannot get access, until probate is taken out. If the amount of money in the bank is small, the bank may release it, provided the personal representatives or next of kin sign the indemnity form – in effect, this is a guarantee that the bank will not be at a loss if there are other claims on the money.

If the bank account is in joint names the money can be transferred into the survivors name. You will need a death certificate to do this. If there is an account with more than €6350 you will need a statement from the Revenue Commissioners allowing the money to be transferred into your bank. Pending investigations about liability to Capital Acquisitions Tax (CAT) and Probate Tax. Spouses are not liable for CAT on inheritances from each other.

Surviving Spouse

If you are a surviving spouse taking an inheritance from your deceased spouse, the inheritance is completely exempt and, no matter how valuable will not be liable to inheritance Tax.

Wills

Most people have some property or money to leave after their death. No matter how small the amount it is important to make a will in order to ensure that it goes where you want it. There are some restrictions on what you can do in a will. In general, you may not completely disinherit a spouse and you must have fulfilled your obligations towards your children. Apart from that, you may dispose of your assets in whatever way you like. You may make a will yourself and it will be valid if you ensure that it is properly signed and that two people who are not beneficiaries under the will witness your signature. If you have substantial property and or money, you should get professional advice.

Where there is a Will

When a person dies it is necessary to establish whether or not he/she made a will. It may seem superfluous to say this but your spouse is the person to whom you

are legally married. Non married partners have no legal rights to each other's estates.

A church annulment has no legal status. If a partner in such a church annulled marriage subsequently remarries this is not a legal marriage and the parties have no rights vis a vis each other. A civil annulment (e.g. –divorce) is required for rights to apply.

Partners may, of course, make wills in favour of each other but such wills may not negate the legal right share of a spouse.

Rights of Children under a Will

Unlike a spouse children have no absolute right to inherit their parent's estate if the parent has made no will. However, if a child considers that he/she has not been adequately provided for, then he/she may make an application to court. The child need not be a minor or dependant in order to use this procedure. The court has to decide if the parent has "failed in his moral duty to make proper decisions for the child in accordance with his means".

Each case is decided on its merits and the court looks at the situation from the point of view of a "prudent and just" parent. Anyone considering challenging a will on these grounds should get legal opinion before applying to the court.

Children born within or outside marriage have the same rights.

The Family Home

The surviving spouse may require that the family home be given to him/ her in satisfaction of the legal right to share on intestacy. If the family home is worth more than the legal right to share then normally the spouse would have to pay the difference into the deceased estate. However, the surviving spouse may apply to the court to have the dwelling house given to him/her either without paying the difference or by paying such sum, as the court thinks reasonable. The court may make such an order if it thinks that hardship would otherwise be caused either to the surviving spouse or to a dependant child.

Putting the Will into Effect

Usually one or more executors are named in a will and it is their responsibility to distribute the assets in accordance with the will and the law.

Where there is No Will

When there is no will or no executor appointed then the next of kin can apply for a grant of administration. If a person dies without having made a will "intestate" there are rules for division of property on intestacy.

- Spouse but no children – spouse gets entire estate.
- Spouse and children – Spouse gets two thirds, one third is divided equally between children (If a child has already died his / her children take a share).
- Children and no spouse – Divided equally between children (as above).
- Parents, no spouse or children – divided equally or entirely to one parent if only one survives.
- Brothers and sisters only – shared equally, the children of a deceased brother or sister take the share.
- Nieces and nephews only – divided equally between those surviving.
- Other relatives – divided equally between nearest equal relationship.

Section B

Notifying the Tax Office

1. The deceased 's tax office should be advised as soon as possible of the date of death and the name and address of the personal representative until such time as the administration of the estate is finalised.
2. If the deceased was self-employed, you will most likely get the deceased's accountant to file any outstanding Income tax Return and business accounts with the deceased's tax office.
3. As well as Income Tax, you will need to ensure that any outstanding Vat Employer's PAYE/ PRSI or other taxes in respect of the period up to date of death are fully paid.
4. If the deceased was an employee, there may be a PAYE Tax Rebate due, as the deceased's tax-free allowance for the year of death may not have been fully used up. The deceased's employer will send Form P45 to the tax office to facilitate the rebate.
5. Special allowances for surviving spouse with a dependant child. Special income tax rules apply for the year of death. If you have any dependant children you will be entitled to a special income tax allowance (called widowed parent's allowance) for the years after the year of your spouses death.

6. You may also be entitled to the “one – parent family allowance” for as long as you have any dependant children.
7. Remember let the tax office know of your spouse’s death as soon as you can. They will ask you certain questions; including – the date of death – you’re late spouse’s PRSI number, and the name of the personal representative. They will also need to make sure you are receiving the proper tax free-allowances. To do this they will want to know if you have any dependant children and if you will be receiving a pension (either from the Social Welfare or from the late spouse’s employer).
8. Don’t Worry.
9. If you have not got all the information when contacting the tax office, tell them as much as you know.

Section C

Common questions asked and their answers

Q. Who has to register the death?

A. If a death occurred at home the next of kin must register the death by bringing a Medical Certificate of cause of death to the local Registrar. Your Health Board will tell you who the Registrar is. The hospital usually registers the death if the death happened in the hospital.

Q. Where can I get a copy of the Death Certificate?

A. If a death was recent, then the certificate can be obtained from the local Registrar for the district where the person died. If you are registering the death, you can get copies of the Death Certificate at the same time.

Q. How much does a Death Certificate cost?

A. The fee was €6.98 (£5.50) in March 1999. If you needed it for Social Welfare purposes the fee was 89 cents (70 pence.). If you need a further certificate (long version) it was €5.71 (£4.50 per copy).

Q. Do I have to wait for a Death Certificate before claiming Social Welfare benefits?

A. No. A copy of the death notice from the newspapers will be accepted if there is a delay in getting the Death Certificate.

Q. Does the deceased have to be buried in a particular graveyard or can any cemetery be chose?

A. Any cemetery can be chosen, bearing in mind any expressed wishes of the deceased. Most people use a family plot. Prices for graves and plots can vary a lot so check around for prices.

Q. Is there any help available towards the funeral costs?

A. You may be able to get help under the Supplementary Welfare Allowance Scheme. This is a discretionary scheme and there is a means test. If possible, you should apply to the Community Welfare Officer at your local Health Centre before making the funeral arrangements.

A bereavement grant may be payable by the Dept. Of Social, Community and Family Affairs on the death of a person who has paid enough social insurance. It can also be paid on the death of the spouse or dependant child of the insured person.

The Bereavement Grant replaces the Death Grant from 2nd Feb. 1999 and is worth €635 (was £100). Other changes include the extension of the grant to self-employed and public civil service contributors and the easing of the social insurance qualifying conditions.

Q. If the deceased is getting a Social Welfare payment, am I entitled to this for six weeks after the death?

A. Yes. If the payment included an increase for you as a “qualified adult”- adult dependant or if you would have been eligible for this increase but you were in receipt of a Non contributory Old Age pension, Blind pension, Carer’s allowance or Disability Allowance.

This six-week payment may also be paid on the death of an adult dependant or child dependant.

The Carer's allowance can continue to be paid for six weeks after the death of the pensioner, where the carer is not the spouse of the pensioner. Where the carer is the spouse, the Carer's allowance ceases and the married rate of the deceased spouses pension will be paid for the six weeks.

Since April 1998 the six weeks payment of the Carer's allowance is also paid after the death of a spouse/ partner being cared for, who was not getting a social welfare payment.

Q. How do I claim this payment?

A. You should notify this section in the Dept. of Social, Community and Family Affairs which was making the payment e.g. the local Social Welfare Officer if it was unemployment benefit or assistance. In the case of a pension, return the pension book, as soon as possible, to the relevant section, with a note about the death and include the Death Certificate or Death Notice from the newspapers. (Keep a note of the pension claim number).

Q. Can I cash the cheques or pension orders after the death?

A. No. You should return the cheques or pension books to the Dept. of Social, Community and Family Affairs. If you are not entitled to this six weeks payment, then whatever is due at the time of death can be examined by whoever is taking care of the funeral expenses.

Q. Is there a pension for widower's?

A. Yes. A contributory pension was introduced in October 1994. The PRSI requirements are the same as for the widow's pension. Most insured workers are covered for this pension. Additional allowances are paid for dependant children up to 18 yrs. or 22yrs. if in full-time education.

Q. What happens if there is not enough PRSI?

A. You can apply for a widow's/widower's non-contributory pension. Widow's / widower's with dependant children can apply for One Parent Family Payment. These payments are means tested.

In the case of the one parent family the first €146.50 of your weekly earnings is disregarded and only half of the remainder of your earnings up to €293 per week

is assessed as means. If your gross earnings from employment/ self-employment exceed €293 per week you will not qualify for the One-parent family allowance

Q. How do I apply for a Widow's / Widower's Pension?

A. Application forms are available at any Post Office. Send in your claim as soon as possible even if you have not got all the necessary certificates. You can forward them on later with a covering letter. Completed forms should be sent to: Pensions Services Office, Dept. of Social, Community, and Family Affairs, College Rd. Sligo.

Q. Can you get a Social Welfare Widow's / Widower's pension if you get a pension from your spouses job?

A. Yes. You can draw a contributory pension irrespective of any other income or occupational pension that you might have.

Q. Would this be the same for the Widow's / Widower's non-contributory Pension?

A. No. As there is a means test for this pension other pensions or means would be taken into account. From June 1999 a widow / widower could have means, as defined by the Dept. of Social, Community and Family Affairs of up to €122.60 per week and get some amount of pension. You can have weekly means of €7.60 and still get a full pension.

Q. Have you to start paying PRSI before the age of 56 years to get a Widow's / Widower's contributory pension?

A. No. But the first requirement for Widow's /Widower's Contributory pension is that you must have 156 weeks PRSI paid. So, you must have paid PRSI before your 63rd birthday to meet the requirements. PRSI paid by workers after age 66 only counts for Occupational Injuries Benefit.

The second PRSI requirement is that there must be an average of 39 weeks paid or credited in the 3 to 5 years prior to pension age (66years) or death to get maximum pension or alternatively there must be an average of 24 contributions since first entering insurance (for a reduced pension). An average of 48 contributions is required for the maximum pension in this situation.

Q. Does having a Social Welfare Widow's / Widower's Pension exempt you from paying PRSI if you are working?

A. No. However, it would exempt you from paying the levies (from April 1999 there would only be a Health Contribution of 2%)

Q. If you have a Social Welfare Widow's / Widower's Pension and you have been working and paying full PRSI are you entitled to claim Disability Benefit or Unemployment Benefit?

A. Yes. If you are entitled to disability benefit or unemployment benefit it will be paid at half the normal rate and it will only last for up to 15 months. To qualify again you must work for a further 13 weeks.

Q. Can I change from the Widow's/ Widower's Contributory Pension to the Contributory Old Age Pension at the age of 66 years?

A. You can only get a contributory Old Age Pension on your own PRSI and not on the PRSI of your spouse. If you are not entitled to a Contributory Old Age Pension you can stay on your Widow's / Widower's Pension.

Q. Am I entitled to Free Benefits, e.g. Free electricity Allowance, with my Widow's / Widower's Pension at age 66?

A. Yes. If you meet the other requirements for getting these benefits. Widows and Widower's aged between 60 and 65 may retain these benefits if the spouse has been receiving them at the time of his/ her death. The survivor must be receiving one of the following payments:

- Retirement Pension
- Widow's / Widower's (Contributory) Pension.
- Widow's / Widower's (Non – contributory) Pension.
- One – Parent Family payment.
- Widow's/ Widower's Pension under the Occupational Injuries Benefits Scheme.

Or

“An equivalent social security pension / benefit from a country covered by EU Regulations or from a country with which Ireland has a Bilateral Security Agreement.

Note: Since June 1997, all pensioners aged 75 or over, who are eligible for free benefits, qualify no matter who lives with them.

Q. Can I claim Dental Benefit on my late spouses PRSI?

A. Yes, if your late spouse satisfied the PRSI requirements for treatment Benefit at the time of his/her death and you were dependant on him/her at the time of the death (i.e. your income was below 88.88per week) you may retain such entitlement for as long as you remain a widow/ widower.

Q. Is there a Social Welfare Payment for orphans?

A. Yes. If either parent had worked at any time and paid PRSI for 26 weeks the orphan would be entitled to the orphan's Contributory Allowance.

There is a Non – Contributory Orphan's Pension for children who are entitled to the Contributory Allowance. The means test is based on the child's means. The payment would be paid to the child's guardian up to the child's 18th birthday or 22nd birthday if he / she was in full-time education.

Q. Is the Widow's / Widower's Pension taxable?

A. Yes. All pensions are taxable. If your income is below the exemption limit you will be exempt from tax.

USEFUL SUPPORTS

At times of death while family and friends are our main supports we must remember that others through their knowledge and experience can play an important role in assisting those bereaved by suicide. Nowadays the clergy offer vital support to families at these difficult times.

This booklet also provides a list of relevant information on services and supports associated with the area of death and bereavement. A more comprehensive listing of services and supports is contained in a Directory for Personal and Community Support available from the

Health Promotion Dept.

Midland Health Board,

The Mall, William St., Tullamore, Co. Offaly.

Tel. 0506-46730

Senior Helpline Tel. No. 1850-440-444

“Offers a listening service to isolated and lonely older people for the price of a local call.

Irish Sudden Infant Death Association

Carmichael House,
4 North Brunswick St.,
Dublin 7.
Tel. 1850-391-391

National Association of Widows in Ireland

12, Upper Ormond Quay ,
Dublin 7.
Tel. 01-6770977

Financial and Legal Advice

Pension Services Office
College Rd. Sligo
Tel. 071-69800 or 01-8748444

Injury Benefit Section - Social Welfare Services

Social Welfare, Services Office,
157 /164 Townsend St.,
Dublin 2.
Tel. 01-87484444

Central Revenue Information Office

Cathedral St. Dublin 1.
Tel. 01 878 0000

A useful guide: What to do about tax when someone dies available from the forms and leaflets Section.

Probate Office

High Court,
Four Courts,
Dublin 7.
Tel. 01-6711000

Citizen Information Centres

Longford

1st Floor,
Longford Shopping Centre,
Longford.
Tel. No. 043-41069
longford.cic@comhairle.ie

Athlone Citizen Information Centre

St. Mary's Square,
Athlone,
Co. Westmeath
Tel. No. 0902-78851 Fax. 0902-78738
Athlone.cic@comhairle.ie

Tullamore Citizen Information Centre

The Bridge Centre,
Tullamore,
Co. Offaly
Tel. No. 0506-52204 Fax. 0502-26742
Tullamore.cic@comhairle.ie

Portlaoise Citizen Information Centre

27 Main St.
Portlaoise,
Co Laois.
Tel. No. 0502-21425 Fax. No. 0502-62172
portlaoise.cic@comhairle.ie

Midlands Bereavement Support

Midland Suicide Bereavement Support Service
Contact: Billy Bland 086 815 7320
Mon.– Fri. 9.30am – 5.30 pm.
Health Promotion Dept.,
The Old Maltings,
Coote St.,
Portlaoise,
Co. Laois.
E-mail william.bland@mhb.ie

This service provides support for people over 18yrs. who have been bereaved or affected by suicide. Groups are located in Longford, Athlone, Mullingar, Tullamore, Birr, and Portlaoise.

The groups provide individual and group support.

Suicide Bereavement Counselling

Contact Sr. Frieda Farrelly
Address: Bethany House,
5 Bishopgate St.,
Mullingar,
Co. Westmeath.
Tel. 044-42746

GENERAL BEREAVEMENT GROUPS

Longford

The Family Centre,
St. Mel's Rd.
Longford
Contact Sr. Angela Clarkson
Tel. No. 043-46827 { 10.30am –12.30 pm}
Individual and group support is provided.

Rainbows

Provides support for children, teenagers, and adults who have experienced loss through death or separation.
Contact Sr. Angela Clarkson
The Family Centre,
St. Mel's Rd.,
Longford.
Tel. No. 043-46827

Westmeath

Beginning Experience

Aims to provide support for those separated, divorced, and widowed in dealing with their loss and grief and helping them to make a new beginning.
Contact: Sr. Frieda Farrelly
Bethany House,
5, Bishopgate St.,
Mullingar,
Co. Westmeath.
Tel. No. 044 42746

Rainbows for all God's children:

Contact: Treasa O'Neill
St. Mary's Parish Pastoral Council,
Athlone,
Co. Westmeath.
Tel. No. 0902-73358 Fax: 0902-76893

Chaplaincy Service

Aims to provide support for 3rd Level students attending Athlone Institute of Technology. The key services are support, advice, helpline and financial assistance when appropriate.
Contact: Fr Shay Casey
11, Auburn Heights, Athlone, Co. Westmeath.

Offaly

Tullamore Bereavement Support Group

Aims to provide support for bereaved people.

Contact: The Secretary Parochial House

Parochial House,

Tullamore,

Co. Offaly.

Tel. No. 0506-21587 Fax. 0506-51050

Together Group

Aims to provide support for people who have a partner through death or separation

Contact: Sr. Marguerite McCarthy

St. Brigids Place,

Tullamore,

Co. Offaly.

Tel. No. 0506-22244 Fax. 0506-51510

Rainbows for all God's Children

Aims to support children who have experienced death or separation in the family.

Contact: Sr. Gerard Murphy

C/O The Convent of Mercy,

Tullamore,

Co. Offaly.

Tel. No. 0506-21221

Laois

Portlaoise Bereavement Support Group

Aims to provide support for bereaved people.

Contact: Rhoda Colbert

Tel. No. 0502 60984

Rainbow's for All God's Children

Aims to provide support for children and young adults who are grieving a death, separation, and loss and helping them work through the grieving process.

Contact people: Sr. Bernadette Clear

Tel. No. 0502-28757(w)

Sr. Brid Burke

Tel. No. 0502-24129

Portlaoise – Phil Culleton

Tel. No. 0502-60041

Portarlinton – Sr. Gorretti
Presentation Sisters,
Patrick St.
Portarlinton,
Co. Laois.
Tel. No. 0502-23270

Mountmellick – Noeleen Pratt
St. Paul's National School,
Mountmellick,
Co. Laois.
Tel. No. 0502-24781

Midland Health Board - Mental Health Services

Longford

Community Mental Health Services
Dublin Rd.
Longford
Tel. No. 043-46992 / 46903
Consultant Psychiatrist: Dr. John McGeown

Child and Adolescent Psychiatric Services

Longford / Westmeath General Hospital,
Mullingar,
Co. Westmeath
Tel. No. 044-40221
Consultant: Dr. A. D'Alton

Community Psychology Services

Community Care Offices,
Dublin Rd.,
Longford.
Tel. No. 043-50170
Snr. Clinical Psychologist Carmel Braiden

Westmeath

Acute Hospitals Services

St. Loman's Hospital,
Mullingar,
Co. Westmeath.
Tel. No. 044-40191
Clinical Director Dr. T.J.O. Leavy

Community Mental Health Centre

Green Rd.
Mullingar,
Co. Westmeath
Tel. No. 044-39114
Consultant Psychiatrist: Dr. E. Hill

Community Mental Health Centre

Grace Rd.
Athlone,
Co. Westmeath
Tel. No. 0902-92969
Consultant Psychiatrist: Dr. P. Murphy

Child and Adolescent Psychiatric Services

Longford/Westmeath General Hospital,
Mullingar,
Co. Westmeath
Tel. No. 044-40221
Consultant: Dr. A. D'Alton

Community Psychology Services (Longford/ Westmeath)

Midland Health Board Community Care Offices,
Dublin Rd.
Longford. Tel. No. 043-50170
Contact: Carmel Braiden Snr. Clinical Psychologist

Psychiatry for Later Life

Dept. of Psychiatry for Later Life,
St. Loman's Hospital,
Mullingar,
Co. Westmeath
Tel. No. 044-84363
Consultant: Dr. M. O'Cuill

Offaly**Tullamore Community Mental Health Centre**

Bury Quay,
Tullamore,
Co. Offaly
Tel. No. 0506-51019
Consultant: Dr. Mary O'Hanlon

Birr community Mental Health Centre

Wilmer Rd.,
Birr,
Co. Offaly
Tel. No. 0509-20576
Consultant: Dr. K. Browne

Child and Adolescent Psychiatric Services

Dept. Child Psychiatry,
General Hospital,
Dublin Rd.,
Portlaoise,
Co. Laois.
Tel. No. 0502-78114
Consultant: Dr. C. Halpin
Referral to this service is through a letter from the person's General Practitioner.

Psychiatry for Later Life

Dept. of Psychiatry for Later Life,
Block Rd.,
Portlaoise,
Co. Laois
Tel. No. 0502-60067
Consultant: Dr. S. Fahy

Community Psychology Services

Family Resource Centre,
Health Centre,
Dublin Rd.
Portlaoise,
Co. Laois
Tel. No. 0502-21135
Snr. Psychologist Mr. A. Carroll

Laois**Acute Mental Health Services**

St. Fintan's Hospital,
Dublin Rd.,
Portlaoise,
Co. Laois
Tel. No. 0502-21205
Clinical Director Dr. R. Augustine

Portlaoise Community Mental Health Centre

Bridge Centre,
Bridge St.,
Portlaoise,
Co. Laois
Tel. No. 0502-22925
Consultant: Dr. Dorman

Rathdowney Community Mental Health Centre

Erkina House,
Rathdowney,
Co. Laois
Tel. No. 0505-46560
Consultant: Dr. K. Browne

Child and Adolescent Psychiatric Services

Dept. of Child Psychiatry,
General Hospital,
Portlaoise,
Co. Laois
Tel. No. 0502-78114
Consultant: Dr. C. Halpin
Referral to the service is through a letter from the person's General Practitioner.

Psychiatry for Later Life

Dept. of Psychiatry for Later Life,
Block Rd.,
Portlaoise.
Tel. No. 0502-60067
Consultant: Dr. S. Fahy

Supports for Midland Health Board Staff

The Employee Assistance Service

What is the Employee Assistance Service?

The Employee Assistance Service is a confidential counselling, support and referral service for Midland Health Board Staff, past or present, who have personal or work related difficulties.

What issues are dealt with by the service?

A wide range of life issues present at the Employee Assistance Service including:

- Stress – personal or work-related
- Critical Incidents
- Emotional and Psychological Problems
- Addictions – e.g. alcohol, drugs, gambling.
- Depression/Anxiety
- Health and Medical Problems
- Retirement Problems
- Bereavement
- Marital and Relationship Problems
- Parenting
- Eating Disorders
- Sexual Harassment
- Financial Difficulties
- Bullying

The service assesses the nature of the problem, provides short-term counselling, and when necessary, organises referral and follow-up.

Immediate advice is available with crisis-type situations.

Is there a charge for the service?

The Employee Assistance Officer will see staff free of charge. If a staff member is referred to another resource, any resulting fees will be the responsibility of the staff member. In certain cases, financial assistance, within agreed guidelines, may be provided, where fees for external services cause financial hardship to an individual.

Is the service confidential?

The Employee Assistance Service is a confidential service. Subject to legal limitations, no information regarding staff problems or their participation in the service will be released without their written consent.

How is the service accessed?

Self-Referral:

Staff can make an appointment directly by telephone, fax, e-mail or by post.

Joint Referrals:

A supervisor may encourage a staff member to refer to the service.

Advice and Guidance for Line Managers:

Managers are welcome to contact the service for advice and guidance in relation to staff welfare issues, for example: stress, communications, bullying, addiction, conflict management.

Managers are staff too and they may also avail of the service for personal or work-related difficulties.

Contact Details:

Employee Assistance Service,
Midland Health Board,
O'Neill's Place, Off High St.,
Tullamore,
Co. Offaly

Employee Assistance Officer: Mary Dwyer, B.Sc. (Hons), M.Sc. Couns. Psych.

Freephone: 1800 240 414

Telephone: 0506-28033

Fax: 0506-28044

E-mail: employee.assistance@mhb.ie

Remember, this is your service! If you are experiencing personal or work related difficulties, please feel free to contact us.

Suicide Resource Office

Contact: Billy Bland
Health Promotion Dept.,
The Old Maltings,
Coote St.
Portlaoise
Co. Laois
Tel. No. 0502-64513 Mobile 086- 815-7320
E-mail william.bland@mhb.ie

Adult Counselling Services:

The Archers,
21, Church St.,
Tullamore,
Co. Offaly
Tel. No. 1800-234-113
This service caters for people who have experienced childhood, sexual, physical, abuse in an institution, education, or family setting. Appointments are arranged with trained counsellors.

National Organisations

The Samaritans have long experience of supporting people bereaved by suicide.
Call 1850 60 90 90 or 0902 73133

National Suicide Bereavement Support Network

Community Centre,
Main St.,
Killeagh,
Co. Cork
Contact: Theresa Millea
Tel. 024-95561 Office Hours Mobile 087-9877619
E-mail info@nsbsn.org

- To offer a means of connecting individuals and groups already in existence, who provide suicide bereavement support, to inform bereaved people where support groups have been set up.

Irish Friends of the Suicide Bereaved

Planning Office,
C/o St. Finbarr's Hospital
Cork.
Tel. 021-4316722

- Replies to queries by telephone and letter.
- Offers one to one support
- Runs support groups for adults in Cork and residential weekends for people from any part of the country.

Irish Association of Suicidology

St. Mary's Hospital,
Castlebar,
Co. Mayo
Tel. 094-21333 ext. 2084

Irish Association for Counselling and Therapy

8, Cumberland St.,
Dun Laoghaire,
Co. Dublin.
Tel. 01-230061

"Operate a telephone referral helpline and publish a National Register of Accredited Members.

Barnado's

Bereavement counselling for children and families who have suffered a painful loss of a parent, sibling or other significant other in their lives, through death.
Dublin - Barnado's
Christchurch Square,
Dublin 8.
Tel. 01-4530355

Helpline 01-4732110 (10am – 12 pm)

- Information and advice through the helpline: family counselling, individual and group work with children who have been bereaved: a library information on all aspects of bereavement and child care.

Mental Health Ireland

Mensana House,
6, Adelaide St.
Dun Laoighaire,
Co. Dublin

Tel. Np. 01-2841166 Fax. 01-2847136 E-mail info@mentalhealthireland.ie

Website www.mentalhealthireland.ie

Midland Regional Officer Finola Colgan

Tel. No. 086-835-3387 E-mail Finola.Colgan@mhb.ie

Victim Support

National Office
Haliday House
32, Arran Quay,
Dublin 7.

Tel. 01-8780870 Fax. 01-8780944 E-mail info@victimsupport.ie

For Missing Persons

Contact your local Garda Station

Useful Websites

www.nsbsn.org - National Suicide Bereavement Support Group

www.homepage.eircom.net/~msbsn - National Suicide Bereavement Support Network

www.samaritans.ie - The Samaritans

www.ias.ie - Irish Association of Suicidology

www.survivingsuicide.com - Irish Web-site

www.mentalhealthireland.ie - Mental Health Ireland

www.cso.ie - Central Statistics Office

www.icgp.ie/prcsuicide.html - Irish College of General Practitioners

www.siec.ca - Suicide Information and Education Centre

www.rochford.org/suicide - Internet Crisis Resources

www.Suicidology.org - American Association of Suicidology

www.who.int/whosis/statistics - World Health Organisation – Data

www.afsp.org - American Foundation for Suicide Prevention

www.uke.uni-hamburg.de/ens/ - European Network for Suicidology(ENS)

Suggested Reading Material

The Web of Life: A Mothers Poems, Meditations and Prayers
Phil Robinson Lelonde Kinnitty Birr Co. Offaly.

Suicide and the Irish
Dr. Michael Kellegher, Mercier Press

On Death and Dying
Kubler-Ross, Tavistock Publications, London.

A special Scar: the experiences of people bereaved by Suicide
Alison Wertheimer, Routledge, London.

My Son, My Son
A guide to healing after death, loss or suicide
Iris Bolton(1987) Atlanta, Available from the Boston Press, 1325 Belmore Way,
NE, Atlanta, 30330, USA.

The Fierce Goodbye
Carr, Lloyd and Gwendolyn Carr.
Markan, Ontario Canada, Inter Varsity Press.

Hope in the Face of Suicide
M. Barrett, Veritas.

Silent Grief
Living in the Wake of suicide.
Christopher and Henry Seiden, Papermac, London.

How it Feels when a Parent Dies
Jill Krementz, Victor Gollancz, London.

Death: Helping Children Understand
Barnado's Christchurch Square, Dublin.

When Someone Close Dies
A Handbook on Adult and Child Bereavement
Medical Social Work Dept. Beaumont Hospital, Dublin.

Everything to Live For
Susan White Bowden, New York, - Simon and Shuster

Healing Grief
A guide to loss and recovery. Barbara Ward
London: Hutchinson

For young children

Johnson J & M, “Where’s Jess”, Centering Corporation, Omaha, 1992
Maple M, “On the Wings of a Butterfly”, Parenting Press, Seattle, 1992
Stickney D, “Water Bugs and Dragonflies”, Mowbay, London, 1982
Varley S, “Badger’s Parting Gifts”, Picture Lions, London, 1985

For older children

Buchanan Smith D, “A Taste of Blackberries”. Puffin, USA, 1987
De Saint-Exupery Antoine, “The Little Prince”. Penguin, London, 1995
Krementz J, “How it feels when a parent dies”, Victor Gollanz, 1983

For teenagers

Grollman E.A, “Straight talk about death for Teenagers”, Beacon Press, Boston
Williams G & Ross J, “When People Die”, Macdonald, Edinburgh, 1983

For adults working with children

Someone to talk to - A handbook on childhood bereavement by Pat Donnelly
–Solas-Barnardos Child Bereavement Counselling Service 2001.
Dryrerov A, “Grief in Children” – a handbook for Parents, Jessica Kingsley,
London, 1991
Jewett C, “Helping Children cope with Separation and Loss”, Batsford Ltd.,
London, 1989
Pennells M & Smith S, “The Forgotten Mourners”, Jessica Kingsley, London,
1995
Walsh F,McGoldrick M, “Living Beyond Loss” – “Death in the Family”, New
York, Norton, 1991

Useful leaflets and Booklets –

Concerned about suicide – Suicide Resource Office
Coping with bereavement - MHI
Coping with Stress - MHI
Managing your mental Health - MHI

Helping Children Understand – Barnardos

When someone close dies - A handbook on adult and child bereavement –Health
Promotion Unit, Beaumont Hosp. Dublin.

Suicide in Ireland – Myths and Facts

Myth	- People who talk about it don't commit suicide.
Fact	- Most people who kill themselves have given definite warning signs of their intention.
Myth	- Suicidal people are absolutely intent on dying.
Fact	- Most suicidal people are ambivalent about living and dying they gamble with death but may retain the desire to live.
Myth	- Once a person becomes suicidal he/she is suicidal forever
Fact	- Suicidal thoughts may return but they are Not permanent, and in some people they May never return.
Myth	- After a crisis, improvement means that the suicide risk is over
Fact	- Many Suicides occur in a “period of improvement” when the person has the energy and the will to turn despairing thoughts into a self-destructive action.
Myth	- Suicide occurs mainly among the rich/poor.
Fact	- Suicide occurs in all groups in society.
Myth	- Suicidal behaviour is a sign on mental illness.
Fact	- Suicidal behaviour indicates deep unhappiness but not necessarily mental illness.
Myth	- You are either the suicidal type of you're not.
Fact	- It could happen to anyone.



MIDLAND HEALTH BOARD
AN BORD SLÁINTE LÁR TÍRE

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